



2663

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/752,372
		Filing Date	December 29, 2000
		First Named Inventor	Jacob Christensen
		Group Art Unit	2663
		Examiner Name	Soon D. Hyun
Total Number of Pages in This Submission		Attorney Docket Number	42390P10205

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<div style="border: 1px solid black; padding: 5px;">Return Receipt Postcard</div>
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	July 31, 2003

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Deborah L. Higham		
Signature		Date	July 31, 2003

Based on PTO/SB/21 (05-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 05/02/2003.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

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METHOD OF PAYMENT (check one)

Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)			

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	44	44*	= 0	X 18.00 = \$0.00
Independent Claims	7	7*	= 0	X 84.00 = \$0.00
Multiple Dependent				

Large Entity		Small Entity		<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple Dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)			0.00

*or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Small Entity	<u>Fee Description</u>	<u>Fee Paid</u>
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920 * Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840 * Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	410	2252 205 Extension for reply within second month	
1253	930	2253 465 Extension for reply within third month	
1254	1,450	2254 725 Extension for reply within fourth month	
1255	1,970	2255 985 Extension for reply within fifth month	
1404	320	2401 160 Notice of Appeal	
1402	320	2402 160 Filing a brief in support of an appeal	
1403	280	2403 140 Request for oral hearing	
1451	1,510	2451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive - unavoidable	
1453	1,300	2453 650 Petition to revive - unintentional	
1501	1,300	2501 650 Utility issue fee (or reissue)	
1502	470	2502 235 Design issue fee	
1503	630	2503 315 Plant issue fee	
1460	130	2460 130 Petitions to the Commissioner	
1807	50	1807 50 Prosessing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	750	1809 375 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810 375 For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801 375 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

Complete (if applicable)

Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone	(503) 684-6200
Signature			Date	07/31/03	